

January 24<sup>th</sup>, 2011

Honorable Llew Jones  
Chair, Senate Highways and Transportation Committee  
State Capitol  
Helena, MT 59620

SENATE HIGHWAYS AND TRANSPORTATION

EXHIBIT NO. 4

DATE: 1-27-2011

BILL NO. SB 82

Dear Chair Jones and Committee Members:

We are the current and past trauma program managers from one of the 4 Trauma Centers in Montana. We are also two of the hundreds of Montana nurses who are members of the Emergency Nurses Association, which supports primary seat belt legislation. We are writing to encourage your support for Senate bill 82 which will upgrade Montana's secondary seat belt law to one with primary enforcement and allow peace officers to intervene with unrestrained drivers and passengers. At a prior legislative session we were part of the long list of proponents present in the full gallery before the senate subcommittee reflecting how broad-based and vigorous support is amongst your constituents. We remain committed to this cause.

Like any illness or accident, no one thinks a motor vehicle crash will happen to them. It will always be someone else. It is easier to avoid doing the simple preventative things: breast exams, colonoscopies, regular exercise, for example, or deny the risk posed to self and others by a lack of seat belts. However, health care providers like us are on the front lines and see the damage to health and family and finance day in and day out due to failure of adults to restrain themselves and their children. We don't have the luxury of that denial.

Automobile manufacturers don't have the option of placing belts in some cars and not others because the risk of being unbelted is so understood and intuitive. Belt and bag systems are under constant development to optimize safety. Yes, we have a secondary seat belt law in Montana but our secondary law has plateaued in its effectiveness. Despite vigorous campaigns by hospitals, peace officers, and the state EMS and Trauma Systems Section, only 56 % of high school drivers report wearing a seat belt all the time and Montanans have a 70-80% observed belt use rate. This data is likely gathered at urban intersections and on traffic stops and may not reflect the use rates where the accidents actually occur which is on secondary roads and interstates. We can do better, as other states have noted when they enact primary belt legislation, with a 7-10% increase in belt use and a corresponding reduction in death and injury.

Driving is not, in our opinion, a right. A right, when exercised, does not infringe on the rights of others. If by not wearing a belt, the unbelted person's body hurts another passenger, or if the unbelted driver can't control their vehicle as well in a collision, or their higher injury related health care costs are paid with taxpayers money.....then it would seem that choosing to not wear a belt is not the exercise of a right because, in its exercise, it violates the rights of others.

Driving, like handling a firearm and hunting, is an earned, licensed privilege and with it comes responsibility for self and others. We establish that responsibility with laws about signaling, using head lights, yielding all with the goal of reducing the risk of injury to person and property. Montana is one of the the last states in the nation to not have a primary enforcement that compels adults to safely restrain minor passengers. We have laws to address the abuse of children, the neglect of children by parents and legal guardians. Does it not follow that we would have a law that requires defenseless children to be protected when passengers?

Montanans acknowledged that smokers should not exercise their right to smoke in a manner that forces nonsmokers to "smoke" with them. We have enacted policy and law to address this and put in place controls to protect the rights of nonsmokers. This primary seat belt bill is a proven effective way to reduce the risk injury so this bill reflects the same ethic. Person's who choose to not wear belts, and/or fail to restrain their passengers, place their families and the rest of us at risk. Primary enforcement can help reduce that risk by promoting belt use.

That there is a financial burden created by injury and death related to lack of seat belt use to Montanans is well documented in the research done in 2008 by Harborview Medical Center:

- 2663 individuals in Montana are hospitalized annually due to injuries resulting from motor vehicle crashes in which they were unbelted
- 2458 of those admissions were likely preventable by use of a seat belt
- 24 million dollars in excess health care costs
- Unbelted crash victims spend 2 days more in the hospital on average, 2.7 more days in ICU and incur 45.5% larger costs.
- 36% of these individuals are uninsured. The residents of Montana pay these bills.
- Unrestrained occupants are 23 times more likely to die in a crash, leaving families without support, children without parents, employers without employees.

The military, professional football leagues and motor vehicle manufacturers are all currently addressing how better to protect individuals from traumatic head injury. Montana has always been in the top 4 states in the nation for the incidence and severity of head injury largely do to unbelted occupants exiting vehicles during crash situation. This was the impetus behind the Montana Department of Transportations empassioned plea to Montanans to wear a belt in order to stay "inside and alive" which was presented at a past legislative session.

We would encourage discussion that helps to maintain the integrity and intent of this bill adapting it to a Montana lifestyle: ranchers on their own land, opening gates, moving cattle, antique and agricultural vehicles could be excluded, for example.

Those were rationales exercised by legislators in early sessions when they voted the bill down. Those isolated instances need not invalidate the bill but could serve as a template for discussion.

Finally, with respect to the concerns about racial profiling: MD, DC, GA, LA, MI, OK have all done post primary enforcement data collections to identify racial profiling and failed to find it. Native Americans represent 4-6% of MT population but make up 11-14% of the state's trauma population. That disproportionate injury rate reflects the fact the Montana's Native Americans, and the other Northern Plains tribes, had the lowest, at 26%, belt use amongst the 16 reservations surveyed by NHTSA in 2005. Coincidentally, MT, ND, SD, and WY, which make up the Northern Plains in the study, were the group of states without primary laws. One Montana reservation and nation ( Fort Peck) is so concerned they are building primary law themselves.

So Senators, we ask that you consider the success stories of other states who have passed primary seat belt legislation. We ask that you consider the intent of Montana smoking legislation as being similar in that it protects the rights of others. We ask that you consider the impact of related and possibly preventable health care costs on Montana Medicaid. We can pass SB82 and then adapt the education and media to meet the Montana lifestyle and personality. We can take the lead in the Northern Plains states on this initiative and set the bar for the others.

Montana has many resources worthy of protection, not the least of which should be its people.

Thank you.

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